

Application or Docket Number  
10-06-28

(Column 1)

(Column 2)

SMALL ENTITY		
	RATE (\$)	FEE (\$)
X	c	
X	c	
TOTAL		

OR

**OTHER THAN  
SMALL ENTITY**

	RATE (\$)	FEE (\$)
X	=	
X	=	
TOTAL		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	9/26/05	(Column 1)	(Column 2)		(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(h))		30	Minus	27	3
Independent (37 CFR 1.16(h))		5	Minus	4	1
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(h))					

SMALL ENTITY

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	
x 100 =	
TOTAL ADD'L FEE	

OR

OTHER THAN  
SMALL ENTITY

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	150.00
x 200 =	200.00
TOTAL	
ADDITIONAL FEE	

AMENDMENT #	Date	(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	1/12/6			
	Total (37 CFR 1.16(i))	16	Minus	
	Independent (37 CFR 1.16(iii))	2	Minus	
	Application Size Fee (37 CFR 1.16(s))			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(j))			

RATE (\$)		ADDITIONAL FEE (\$)	
K	=		
L	=		
TOTAL ADDL FEE			

OF

RATE (\$)		ADDITIONAL FEE (\$)
x	=	
x	=	
TOTAL ADD'L FEE		

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent collection of information is )

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTC-9109 and select option 2.

BEST AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

400200  
101 062979

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 = *	4
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	72
X42=		OR	X84=	---
+140=		OR	+280=	---
TOTAL		OR	TOTAL	812

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	